

City of Chandler Parks and Recreation Division

Senior Adult Activity & Trip Registration Form

*This form must be completed and returned with payment by the established deadline for the activity or trip. Activity codes can be found next to the name of the trip or activity in the Senior Newsletter or Break Time.

City of Chandler from any liability for such costs. Participant will not participate in any activities advised against by his or her physician and agrees to seek medical advice before participating in any activity about which participant has some concern. 3. I do hereby authorize the use and reproduction of any photographs/videos of myself or family member by the City of Chandler Recreation Division for the purpose of program promotion, publicity or other media sources. Participant Date Please return registration form to: Chandler Senior Center Chandler Parks and Recreation	Name		Additional Person's Name							
Emergency Contact	Address		City			Zip				
Email Address: List any special needs for transportation (Circle one) Activity: Activity Code: Fee: Van: yes no Total Enclosed: Van: yes no Total Enclosed: Van: yes no Total Enclosed: Fee: Van: yes no Total Enclosed: Fee: Van: yes no Total Enclosed: Fee: Van: yes no Activity: Signature of Payment: Credit Card (select one) Visa MasterCard American Express Other: cash check # Name of Cardholder: Signature of Payee HOLD HARMLESS AGREEMENT In consideration of any services and the use of City of Chandler facilities during year round program activities offered by the Chandler Recreation program, the participant agrees to the following: 1. I agree to indemnify and hold harmless City of Chandler, its officers, agents, representatives, officials and employees from and against any all claims, costs, demands, expenses (including attorney's fees), losses, damages, injuries, and liabilities arising from any accident, death, or injury whatsoever or however caused to any person or property because of, arising out of, or related to my participation in programs offered by the Chandler Senior Adult Recreation Program. It is understood that such indemnity shall survive the termination of this agreement. 2. I authorize the staff of the City of Chandler Community Services Department and other contracted authorized personnel to secure any needed medical assistance in case of an emergency, illness or accident, and understand that personal insurance or immediate payment is required and that I will be responsible for prompt part of all charges. I release the City of Chandler from any liability for such costs. Participant will not participate in any activities advised against by his or her physician and agrees to seek medical advise before participating in any activity about which participant has some concern. 3. I do hereby authorize the use and re	Home Phone#_		Cell pho				Birthdate			
Activity: Activity Code: Fee: Van: yes no Total Enclosed: Form of Payment: Credit Card (select one) Visa MasterCard American Express Other: cash check #	Emergency Co	ntact		Emergency Phone#						
Activity:	Email Address	:	List any special needs for transportation							
Activity:								(Circle	one)	
Activity:	Activity:		Act	Activity Code:				Van: yes	no	
Activity:	Activity:		Act		Fee:		Van: yes	no		
Form of Payment: Credit Card (select one) Visa MasterCard American Express Other: cash check # Credit Card # Expiration Date Name of Cardholder: Signature of Payee HOLD HARMLESS AGREEMENT In consideration of any services and the use of City of Chandler facilities during year round program activities offered by the Chandler Recreation program, the participant agrees to the following: 1. I agree to indemnify and hold harmless City of Chandler, its officers, agents, representatives, officials and employees from and against any all claims, costs, demands, expenses (including attorney's fees), losses, damages, injuries, and liabilities arising from any accident, death, or injury whatsoever or however caused to any person or property because of, arising out of, or related to my participation in programs offered by the Chandler Senior Adult Recreation Program. It is understood that such indemnity shall survive the termination of this agreement. 2. I authorize the staff of the City of Chandler Community Services Department and other contracted authorized personnel to secure any needed medical assistance in case of an emergency, illness or accident, and understand that personal insurance or immediate payment is required and that I will be responsible for prompt payment of all charges. I release the City of Chandler from any liability for such costs. Participant will not participate in any activities advised against by his or her physician and agrees to seek medical advice before participating in any activity about which participant has some concern. 3. I do hereby authorize the use and reproduction of any photographs/videos of myself or family member by the City of Chandler Recreation Division for the purpose of program promotion, publicity or other media sources. Participant	Activity:		Act		Fee:		Van: yes	no		
Credit Card (select one) Visa MasterCard American Express Other: cash check # Credit Card # Expiration Date Name of Cardholder: Signature of Payee HOLD HARMLESS AGREEMENT In consideration of any services and the use of City of Chandler facilities during year round program activities offered by the Chandler Recreation program, the participant agrees to the following: 1. I agree to indemnify and hold harmless City of Chandler, its officers, agents, representatives, officials and employees from and against any all claims, costs, demands, expenses (including attorney's fees), losses, damages, injuries, and liabilities arising from any accident, death, or injury whatsoever or however caused to any person or property because of, arising out of, or related to my participation in programs offered by the Chandler Senior Adult Recreation Program. It is understood that such indemnity shall survive the termination of this agreement. 2. I authorize the staff of the City of Chandler Community Services Department and other contracted authorized personnel to secure any needed medical assistance in case of an emergency, illness or accident, and understand that personal insurance or immediate payment is required and that I will be responsible for prompt payment of all charges. I release the City of Chandler from any liability for such costs. Participant will not participate in any activities advised against by his or her physician and agrees to seek medical advice before participating in any activity about which participant has some concern. 3. I do hereby authorize the use and reproduction of any photographs/videos of myself or family member by the City of Chandler Recreation Division for the purpose of program promotion, publicity or other media sources. Participant Date Please return registration form to: Chandler Parks and Recreation	Activity:		Activity Code:			Fee:		Van: yes	no	
Credit Card (select one) Visa MasterCard American Express Other: cash check # Credit Card #					Total Encl	osed:		_		
Credit Card #	Form of Paym	nent:								
Name of Cardholder:	Credit Card (se	elect one) Visa	MasterCard	American Express	Other:	cash	check #		_	
HOLD HARMLESS AGREEMENT In consideration of any services and the use of City of Chandler facilities during year round program activities offered by the Chandler Recreation program, the participant agrees to the following: 1. I agree to indemnify and hold harmless City of Chandler, its officers, agents, representatives, officials and employees from and against any all claims, costs, demands, expenses (including attorney's fees), losses, damages, injuries, and liabilities arising from any accident, death, or injury whatsoever or however caused to any person or property because of, arising out of, or related to my participation in programs offered by the Chandler Senior Adult Recreation Program. It is understood that such indemnity shall survive the termination of this agreement. 2. I authorize the staff of the City of Chandler Community Services Department and other contracted authorized personnel to secure any needed medical assistance in case of an emergency, illness or accident, and understand that personal insurance or immediate payment is required and that I will be responsible for prompt payment of all charges. I release the City of Chandler from any liability for such costs. Participant will not participate in any activities advised against by his or her physician and agrees to seek medical advice before participating in any activity about which participant has some concern. 3. I do hereby authorize the use and reproduction of any photographs/videos of myself or family member by the City of Chandler Recreation Division for the purpose of program promotion, publicity or other media sources. Participant Date Please return registration form to: Chandler Parks and Recreation	Credit Card # _			Expiration Date	2					
In consideration of any services and the use of City of Chandler facilities during year round program activities offered by the Chandler Recreation program, the participant agrees to the following: 1. I agree to indemnify and hold harmless City of Chandler, its officers, agents, representatives, officials and employees from and against any all claims, costs, demands, expenses (including attorney's fees), losses, damages, injuries, and liabilities arising from any accident, death, or injury whatsoever or however caused to any person or property because of, arising out of, or related to my participation in programs offered by the Chandler Senior Adult Recreation Program. It is understood that such indemnity shall survive the termination of this agreement. 2. I authorize the staff of the City of Chandler Community Services Department and other contracted authorized personnel to secure any needed medical assistance in case of an emergency, illness or accident, and understand that personal insurance or immediate payment is required and that I will be responsible for prompt payment of all charges. I release the City of Chandler from any liability for such costs. Participant will not participate in any activities advised against by his or her physician and agrees to seek medical advice before participating in any activity about which participant has some concern. 3. I do hereby authorize the use and reproduction of any photographs/videos of myself or family member by the City of Chandler Recreation Division for the purpose of program promotion, publicity or other media sources. Participant Date Please return registration form to: Chandler Parks and Recreation	Name of Cardholder:			Signature of Payee					_	
liabilities arising from any accident, death, or injury whatsoever or however caused to any person or property because of, arising out of, or related to my participation in programs offered by the Chandler Senior Adult Recreation Program. It is understood that such indemnity shall survive the termination of this agreement. 2. I authorize the staff of the City of Chandler Community Services Department and other contracted authorized personnel to secure any needed medical assistance in case of an emergency, illness or accident, and understand that personal insurance or immediate payment is required and that I will be responsible for prompt payment of all charges. I release the City of Chandler from any liability for such costs. Participant will not participate in any activities advised against by his or her physician and agrees to seek medical advice before participating in any activity about which participant has some concern. 3. I do hereby authorize the use and reproduction of any photographs/videos of myself or family member by the City of Chandler Recreation Division for the purpose of program promotion, publicity or other media sources. Participant Date Please return registration form to: Chandler Senior Center Chandler Parks and Recreation	Recreation progr	ram, the participant ag I agree to indemnify	rees to the followin and hold harmless	g: City of Chandler, its officer	rs, agents, rep	resentative	es, officials	and employ	/ees	
to secure any needed medical assistance in case of an emergency, illness or accident, and understand that personal insurance or immediate payment is required and that I will be responsible for prompt payment of all charges. I release the City of Chandler from any liability for such costs. Participant will not participate in any activities advised against by his or her physician and agrees to seek medical advice before participating in any activity about which participant has some concern. 3. I do hereby authorize the use and reproduction of any photographs/videos of myself or family member by the City of Chandler Recreation Division for the purpose of program promotion, publicity or other media sources. Participant Date Please return registration form to: Chandler Parks and Recreation		liabilities arising from any accident, death, or injury whatsoever or however caused to any person or property because or arising out of, or related to my participation in programs offered by the Chandler Senior Adult Recreation Program. It is								
Chandler Recreation Division for the purpose of program promotion, publicity or other media sources. Participant Date Please return registration form to: Chandler Senior Center Chandler Parks and Recreation	2.	to secure any needed medical assistance in case of an emergency, illness or accident, and understand that personal insurance or immediate payment is required and that I will be responsible for prompt payment of all charges. I release the City of Chandler from any liability for such costs. Participant will not participate in any activities advised against by his or her physician and agrees to seek medical advice before participating in any activity about which participant has some								
Chandler Senior Center Please return registration form to: Chandler Parks and Recreation	3.								of	
Chandler Senior Center Please return registration form to: Chandler Parks and Recreation	Partici	oant		 Date	e					
	·		<u>Please</u>	return registration for	<u>m to:</u>					
Attention: Senior Adult Recreation Program Attention: Senior Adult Recreation Program										
			Program	OD		Attention: Senior Adult Recreation Progra			ogram	
202 East Boston Street OR Mail Stop 501, PO Box 4008 Chandler, AZ 85225 Chandler, AZ 85244 - 4008				UK		-				